Walton Manor Ltd

Walton Manor

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 22 and 27 October 2015, it was an unannounced inspection and was in response to concerns about the service that had been made to the Care Quality Commission. The service was last inspected in October 2013 and was compliant with the regulations we inspected at the time.

Walton Manor is situated on the outskirts of Wakefield town centre. The home provides personal care and support to up to 47 older people some of whom are living with dementia.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they enjoyed living at the home. They felt safe and supported by staff that had the skills and knowledge to do their job.

Summary of findings

Staff we spoke with told us they enjoyed working at the home. They felt supported and were able to develop their skills through supervision, annual appraisals. Staff were able to demonstrate to us how they would raise their concerns.

People who used the service felt there were enough staff to meet their needs safely and in a timely manner. People were given a choice of food and drinks and where required supported to eat their meals.

Medicines were administered safely by staff who had the training and skills to do so. Some people were able to take their own medicines and their medicines had been kept safe in locked cabinet in their rooms.

Care plans were person centred but did not contain details of how people were to be supported to meet their needs. Risk assessments were very general and did not contain sufficient detail to reduce or eliminate the risk of harm.

Staff did not have a full understanding of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

The registered manager carried out regular quality assurance audits and carried out monthly feedback sessions with people who used the service.

The registered manager was not referring incidents to the local safeguarding authority and the Care Quality Commission.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was not notifying the local safeguarding authority and the Care Quality Commission of incidents that had occurred within the home.

You can see what action we have told the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

People who used the service told us they felt safe and knew how to report any concerns.

The registered manager was not notifying the local safeguarding authority of incidents.

Staff were trained in safeguarding and had a good understanding of how to report their concerns.

Identified health risks to people had been assessed but clear instruction was not provided to staff how to minimise the risks identified.

Medicines were stored and disposed of safely. Policies and procedures for the safe administration of medicines were in place.

Is the service effective?

Requires improvement

The service was not always effective.

Staff received regular supervision and training. However some of the training was out of date.

The requirements of the Mental Capacity Act 2005 (MCA) were not being met. The registered manager did not have a good understanding of the requirements of the Deprivation of Liberty Safeguards (DoLS).

People had regular access to external health and social care professionals as required.

The environment for people living with dementia did not enable people to maintain their independence.

The service referred people to the appropriate health care professionals when people's condition changed or deteriorated.

Is the service caring?

Requires improvement

The service was not always caring.

Care and support was offered in a caring and respectful manner.

Staff clearly had a good understanding of the needs of the individual.

We saw staff knock on people's bedroom doors before they entered. We saw staff treat people with respect and dignity.

Care records were not person centred.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

The care records showed that although the service had identified people's needs, there were no plans in place to show how their needs would be met.

The service had a complaints policy and procedure in place. People we spoke with knew how to raise any concerns. However we did not see how the service used the results of any complaints to develop or make changes to the service.

Is the service well-led?

Requires improvement 

The service was not always well led.

The service held regular meetings where people were able to have input into improvements to the home.

There was a registered manager in place and staff felt supported by the registered manager.

The registered manager did not submit statutory notification of incidents in line with the requirements of the Care Quality Commission.

The service carried out annual questionnaires to assess the quality of the service. It was not clear how the service used the results of the questionnaires to develop and improve the service.

Walton Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 27 October 2015 and was unannounced. The inspection team consisted of three adult social care inspectors, one inspection manager and one Specialist Adviser in medicines and dementia.

Prior to our inspection, we looked at the number of notifications received by the Care Quality Commission; we talked to social workers and the local safeguarding authority.

Before an inspection we usually ask the provider to complete a Provider Information return (PIR). This is a from that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask for a provider information return because the inspection was brought forward in response to concerns that had been raised with the Care Quality Commission.

During the inspection we talked with five staff, six people who used the service, the registered manager, three visitors to the service and one health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We looked at six care records of people who used the service. Documents relating to audits, incident and accident reports, resident meeting minutes, staff meeting minutes, health and safety files and four staff files including supervision notes. We looked at the training matrix, staff rotas for the past two months, resident, relatives, staff and stakeholder questionnaires.

Requires improvement

Is the service safe?

Our findings

Our findings

People we spoke with told us they felt safe living at the home. One person told us "I definitely feel safe". Another person told us "I feel safe living here". All the people we spoke with felt there were enough staff on duty and they didn't have to wait long before their call bells were answered. One person told us "I don't have to wait long, they soon come when I press the buzzer." Another person told us "I feel safe because the carers are very well trained."

We saw the results of a recent satisfaction survey within the home where 25 people who used the service reported feeling safe living at the home.

When we asked people who used the service whether staff treated them with respect one person told us "The staff are like my children they help me when I need it and they do treat me respectfully." One of the relatives we spoke with told us "I hear staff asking people if they would like to go to the toilet discreetly or offer support to the clients with drinks. The staff are very respectful to the clients and they offer us drinks when we visit."

The staff we spoke with had a good understanding of the different types of abuse and how they would report their concerns. We looked at the training matrix for the service which showed training for staff in safeguarding was up to date. This meant staff should have known how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service. However, prior to our visit the local authority safeguarding team had raised concerns about the lack of safeguarding alerts made to them from the home. The local authority had become aware of incidents where people had been absent from the home via safeguarding referrals made by the police. The local authority safeguarding team then contacted the registered manager and became aware of the number of absences that had not involved the police and had not been reported to the local safeguarding authority. We had confirmation from the local safeguarding team each incident should have been reported as a concern

When we reviewed our records we noted we had not been notified of all but one of the incidents where a person had been missing from the home. We addressed our concerns with the registered manager. The registered manager explained they had not been aware of the need to notify safeguarding when the police were not involved.

These examples demonstrate a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff interactions were warm and respectful. People who used the service told us they felt they were treated with kindness and respect. People we spoke with told us they would talk to the manager if they had any concerns.

In the care plans we looked at we saw staff had carried out risk assessments in areas such as mobility, moving and handling, choking and skin care. The risk assessments were not consistent and did not show the identified risk to the person they related to, nor did they have any information on how staff were to reduce or eliminate those risks. For example, in one care plan there was a risk assessment in place which detailed how to use the hoist but the use of a hoist had not been identified as a need. When we spoke with a staff member about this, they told us the hoist would only be used if the person had fallen down and were unable to get back up. Therefore it would be difficult for new staff or agency staff who did not know people to identify and manage risk. This meant care and support was not planned in a way that reduced risks to people's safely and welfare. The risk assessments that were in place had been reviewed but not corrected to reflect the needs of the person. One of the senior staff members we spoke with told us they had plans to develop a new risk assessment form that would ensure risk assessments would be focussed on the individual's needs.

Prior to the inspection, we had received information of concern relating to poor staffing levels. We spoke with the registered manager about this. They told us five staff were on duty each morning and between 9am and 3 pm another staff member would be based on the dementia unit. Between 4pm and 8pm another member of staff was available to provide additional support at mealtimes and at bed time. The registered manager told us the period between 4pm and 8pm was a very busy time in the home and the extra staff at this time had proved to be a useful addition.

We looked at the rota for the service and saw there was six staff on duty in the morning and the evening and four

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Is the service safe?

during the night. Where gaps in staffing had been identified the staff were offered extra hours to fill them. Staff we spoke with told us they felt staffing levels were good and there were enough staff on each shift to meet the needs of people who used the service. However, in the minutes of the care staff meeting and senior care meeting we looked at, staff had expressed their concerns about low staffing levels especially at the weekend. In response to this, the service had employed three more staff who were due to start work over the next few months.

On the first day of this inspection, the registered manager told us they did not use a dependency tool to help them determine where staff should be allocated. They told us they felt using such a means of allocating staff would be useful to the team. On the second day of the inspection, the registered manager showed us a dependency tool they had just started to use. They had not completed the tool but felt confident it would help resolve some of the issues raised by some staff around low staffing levels in particular units. Staff were allocated to each unit on a rotational basis. We asked staff how they felt about the rotation to different units. One staff member told us they did not mind as it gave them the opportunity to get to know all people who used the service.

In the staff files we looked at we saw the provider had robust recruitment and selection processes in place. The provider completed a series of pre-employment checks prior to confirmation of employment to make sure potential candidates were suitable and safe. There was evidence Disclosure and Barring Service (DBS) checks had been carried out. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults. In the staff files we looked at we saw the service had carried out the appropriate pre-employment checks which included two references, interviews and a DBS check.

During the inspection we observed staff administering the lunchtime medication. They explained that only senior support workers who had received training in the safe handling of medicines were allowed to administer medicines. We saw the training certificates that confirmed what the staff member had told us. The staff member also told us they were due to attend further safe handling of medication training the day after the inspection.

The staff member was able to explain the procedure they followed for administering medicines safely which was in line with the policy and procedures of the service. Staff had a good understanding of how to support people to take their medicines and stay with them until they were sure the medicines had been taken. During the inspection we saw staff signed the Medicine Administration Record (MAR) when people had creams applied. Staff acknowledged they did not see the creams being applied so the registered manager was planning to put cream charts in people's bedrooms which staff could sign after they applied their creams. This would accurately record when the creams have been applied. Medicine stocks were checked and were found to be correct when compared to the records kept. We looked at the controlled drugs book. We saw two staff members had signed the book when any controlled drugs had been administered. This was in line with the NICE guidelines around the safe use of medicines. Some people had medicines kept in a locked cabinet on their bedroom wall. People were assessed to establish they were suitable for this level of assistance and we saw evidence in people's care plans they were asked whether they wanted staff to administer their medicines. When people wanted to have their own stock of medicines, risk assessments were in place. This meant people were being supported to maintain their independence as they were offered the opportunity to take part In the management of their own medicines.

The registered manager carried out monthly medicine audits. As part of the audit, staff checked whether all the (MAR) had been signed, all the medicines had been recorded on the MAR charts and staff had recorded correctly every time people had refused to take their medicine. This meant the registered manager had ensured staff followed the correct procedures when administering medicines.

The registered manager took us on a tour of the home. The corridor on the first floor home was cluttered with boxes of incontinence pads. This presented a risk if the building needed to be evacuated in the event of a fire. The registered manager told us there was not enough storage space within the home and this was an issue. They assured us the boxes would be cleared away that day. During the inspection, the boxes were cleared away leaving the corridor clear. The registered told us it was the responsibility of one staff member to check supplies of incontinence pads in each bedroom and bathroom. When supplies looked low, the staff member would replenish the

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Is the service safe?

stock. In the bathrooms, there was a plentiful supply of gloves and aprons for staff to use. This showed the service provided protection for staff to minimise exposure and to prevent the spread of infections.

The registered manager told us there were two domestic staff on duty each day and they shared the cleaning. The home looked clean and there were no malodours. The people who used the service told us the home was very clean.

Requires improvement

Is the service effective?

Our findings

Our findings

People who used the service told us they felt staff had the skills and knowledge to do the job effectively. Comments from people who used the service included “Staff definitely have the skills.” “Staff have the skills and knowledge to do their job” and “Staff are well trained”

Relatives we spoke with told us they felt the care staff had a good understanding of the needs of their relatives and had the right skills and knowledge to carry out their roles effectively.

Staff we spoke with told us they felt the training was good and gave them the skills and confidence to do their job. However, the training matrix we looked at showed that not all staff had received training in dementia, diabetes, continence and first aid. Training in end of life care had been attended by only six members of staff out of a total of 55. Staff had received training in moving and handling but in some cases this was out of date with no annual refresher. The training matrix we looked at confirmed staff had not received training in MCA 2005 or in DoLS. Out of 55 we only saw evidence two staff had received training in the MCA 2005 and only one staff had received training in DoLS. The registered manager showed us a list of staff who had recently attended training in DoLS but there were no certificates on the day of inspection to evidence this had taken place. The registered manager showed us a list which confirmed more staff had been booked to attend a DoLS course at the end of November 2015. This meant the registered manager had not kept staff up to date with their skills and knowledge through regular refresher training. This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed to us they had received supervision and an annual appraisal as part of their supervision. Staff felt the supervision sessions were useful in giving them get feedback on their performance and staff felt supported. The staff files we looked at confirmed staff had received regular supervision. This showed staff had received regular management supervision to monitor their performance and development needs

We spoke with the staff about their experience and understanding of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision and are helped to do so when needed. When they lack mental capacity to take particular decision, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether and conditions on authorisations to deprive a person of their liberty were being met. The registered manager explained they had only had one authorisation for a DoLS and the person had since transferred to another service. We asked the registered manager how many people who were living with dementia had undergone a capacity assessment under the MCA 2005. They told us they ahd not carried out any capacity assessments so could not evidence which people had capacity and which may need protection under DoLS.

Some staff could give us some examples of when people may require an assessment of their capacity to make decisions. Staff told us people could make decisions about what clothes to wear and what they wanted to eat but may need support to make more complex decisions. In this instance they thought people with memory problems may need an assessment to identify what decisions needed to be made by someone else in the person’s best interest. However, not all staff had this understanding and told us they were not sure what the MCA or DoLS meant to the people who used the service.

The registered manager acknowledged that although staff were about to receive training in DoLS this was an area for improvement.

Walton Manor had a unit which accommodated people living with dementia and other memory difficulties. There was a coded key pad in place at the entrance to the unit; however the registered manager told us door was often left open, allowing people to move freely around the service. It was unclear and the registered manager could not

evidence when the door would be closed and the reasons for this. This meant there was a risk people who used the service were at risk of their human rights not being respected

Prior to this inspection, concerns had been raised about the number of incidents where one person had left the home and been reported missing. We asked the registered manager about this. They told us they had not been able to restrict the movements of person because they did not have a DoLS in place. They told us they had taken advice from the local authority on whether a DoLS should be put in place. The registered manager told us they had been advised not to restrict the persons movements, for example by locking doors as it would be too restrictive and increase the persons agitation and anxiety.

We recommend the registered manager produce guidelines for the use of a coded key pad which would protect people's rights in line with the MCA 2005.

In the care records we looked at consent forms had been signed by the person. This showed that people who lived at the home had been consulted about the care and treatment provided for them. People who were living with dementia had consent to care signed by other people on their behalf.

The registered manager told us they did not know whether the person signing on behalf of people who used the service had a Lasting Power of Attorney (LPA) in place. A (LPA) is a legal document that appoints one or more people to make decisions on behalf of people who cannot make decisions themselves, for example on whether people should live at the home and receive care and support.

Following our inspection the provider told us consent to care signed by other people was due to people who used the service having issues with dexterity rather than capacity. However, this had not been evidenced in people's care records. The provider was therefore unable to demonstrate they were working in accordance with the act. This meant the provider was not acting lawfully in relation to consent and was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to have a balanced and nutritious diet. People had a choice of where they wanted to eat their meal. The home had a choice of dining rooms and people could choose to eat in their rooms if they wished. The tables in the dining rooms were set in an inviting way with cutlery, glasses, cups and saucers. We observed the lunchtime experience for both people living with dementia and those who did not. For people who were not living with dementia, the dining tables had been set with flowers and there were condiments available. The food was brought to the dining rooms in a hot trolley and staff served the food from the trolley. The meal on the day of the inspection was a choice of salmon or pork with vegetables. People were offered gravy and apple sauce as an accompaniment to their meal. We saw staff ensured people had finished eating their food before they removed the plate. Once people had finished their main meal, they were offered a choice of dessert, including chocolate sponge or fruit. There was cream to accompany the fruit. Some people enjoyed the food but others told us "We could do with a change, it gets monotonous." Another person said, "We ask for a change of menu but we don't get very far."

For people living with dementia, all the food was pre-plated and people were not asked whether they wanted gravy with their meal, additionally there was no apple sauce to accompany the pork. People were not offered a choice of dessert; the staff member in the dining room brought in chocolate sponge for everyone. We asked the staff member whether there was another choice of dessert; they told us all the people in the dining room had ordered chocolate sponge.

This meant the experience for people living with dementia was different to other people living at the home and was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured everybody was treated equally.

Staff told us people ordered their lunch at breakfast time. People living with dementia sometimes experience difficulty with their short term memory and may struggle to recall what they had ordered. There were no pictures of the meals on offer; this would have helped people to choose which dish they would have preferred. Sometimes people with dementia have difficulty with their visual perception, for example, they may not be able to see mashed potatoes on a white plate. On the day of inspection we saw some people had their meal served on a blue plate. This made it easier for them recognise the food on the plate.

At lunchtime, one staff member supported people in the dining room and one staff member took meals to people's rooms. Some people who were living with dementia

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required support to eat their meal. We saw staff sat down next to the person and discreetly offered support. Drinks were offered throughout the meal, including wine and soft drinks. Some people required specialist diets such as a soft diet or a pureed meal so they could be protected from the risk of choking. We observed soft diets and pureed meals had been served in an appetising and presentable way. People were offered the choice to wear clothes protectors during the meal. People appeared to enjoy the food with one person telling us "The salmon was lovely." After the main meal some people had to wait for more than fifteen minutes for their dessert. This was because the member of staff was busy supporting people to eat their meals. There was no menu on the wall indicating what was for lunch.

People were being weighed so the provider could monitor their weight. There were also risk assessments in place in people's care plans if nutrition had been identified as a particular concern. Where people had been assessed as being at risk, we saw staff the home had made referrals to the general practitioner and a dietician. The registered manger told us in some cases it was difficult to weigh people due to their frail condition and in cases like this they would measure the persons arm. The registered manager told us this was on the advice of a dietician. We looked at the care plans of people who were not able to be weighed and we saw staff had been taking people upper arm measurements. Where there was evidence of weight loss there was a plan in place for the person to have fortified food and supplements to enable them to gain weight.

People we spoke with told us they felt the staff looked after them very well. We saw people were supported to attend appointments in the local community. Each Tuesday a GP would visit the home and spend time examining people. We spoke with the GP; they told us they felt this type of presence was a useful resource for people. They told us staff would prepare a list of people who had requested a visit and a short description of what they wanted to see the GP about.

The home was surrounded by grounds which were accessible for people.

People living with dementia may have difficulty negotiating their way around a large building they are not familiar with. Pictorial signs that show people where the bathrooms are and how to find their own room by use of numbers for example can enable people to maintain their independence. However, there were no signs around the home directing people to their bedrooms or bathrooms. This meant people had to rely on staff to find their way around the home thereby reducing their independence. There were no pictures on people's bedroom doors so it would be difficult for people with memory loss to find their bedroom.

During the inspection we saw some of the bedrooms used by people. We saw they were personalised and reflected people's preferences. There were photographs of their families in frames on the walls. People had ornaments around the room and furniture such as chairs which had been brought from their home. In one of the bedrooms, we noticed the water in the basins was not draining and the registered manager reported the fault immediately.

Requires improvement

Is the service caring?

Our findings

People we spoke with were very complimentary about the staff who worked at the home. People's comments included; "It's lovely here". "The staff are very kind and caring". "I couldn't live in a nicer place". "Very good, very caring."

The staff we spoke with were passionate about their job. One staff member told us "We are like a little family here." Another staff member told us "I love working here, I love supporting people and making their life better." It was clear from talking to staff and from our observations, staff knew people very well.

People looked well kempt with clean and tidy nails. People were having their hair cut and set on the day of inspection and people we spoke with were very pleased with the hairdresser. People had a choice of whether they wanted to watch the television or listened to music. In the afternoon, a film was put on and staff brought out popcorn for people to snack on as they watched the film. One person told us, "We always get popcorn with a film and we can have a glass of sherry or sparkling wine if we want one."

People had access to call bells in their rooms and in different areas of the home. People we spoke with told us they felt they did not have to wait long to have their call bells answered. During the inspection, we noted the call bells were answered in a timely manner.

We observed interaction between staff and people who used the service was warm and respectful. Staff took time to speak with people during the day. One member of staff could see a person was becoming agitated and they took them to quiet place. They then got the pet rabbit from the hutch outside for the person to have on their lap. The person was then much calmer. The staff member told us "(The person) had pets at home and they enjoy looking after the rabbit."

The care plans we looked at were not always person centred but it was clear staff did involve people in identifying their support needs and how staff could support them to meet the needs identified. People we spoke with told us staff would sit down next to them and talk to them about what support they needed and how staff could help them.

People had their own bedroom with ensuite and some people had small apartments. In addition to the en-suite, the small apartments had a kitchen where people could make hot drinks and toast. People who lived in these apartments told us they enjoyed the privacy it gave them and they particularly enjoyed being able to make their own hot drink whenever they wanted one. We saw staff knocked and told people who they were before they entered people's rooms. This gave people the opportunity to refuse staff entry.

The staff had a good understanding of the need for privacy and dignity and gave us some good examples of how they would maintain a person's dignity. For example, they told us they would always ensure people were covered up when being supported to have a bath or shower. In the lounge and conservatory we saw staff asking people discreetly if they wanted to use the toilet.

The registered manager told us the home had a welcoming policy and people could have visitors at any time of the day. They told us they encouraged relatives, friend and the local community to take part in activities such as their annual garden party. People had space where they could meet with their visitors; there were some quiet rooms within the building such as the library. This ensured people had privacy if they required it.

The registered manager told us there had been some concerns from some people who used the service about the behaviour of other people in the home; this had led to some disrespectful comments being made. They told us they were in the process of addressing this and were considering making dementia awareness training available for people who lived in the home who were not living with dementia themselves. They hoped raising awareness would lead to a higher tolerance and allow all people living in the home being treated with dignity and respect.

Although there was one person who was receiving end of life care within the service, there was no end of life care plan in place which would direct staff in how the person would like to be treated and how to treat their emotional and social needs. This meant staff did not have a clear plan of how to care for the person who was at end of life.

We recommend the service looks at the National Institute for Clinical Excellence (NICE) guidance for end of life care for adults.

Requires improvement

Is the service responsive?

Our findings

We had a mixed response from people who used the service when we asked them about their care plan. One person told us, "I know about the plan, yes, they sit with me and go through it." Other people we spoke with told us, "I don't know if I have a care plan" and, "Not aware of any plan" Another person told us, "My plan is in my room and (named staff) go through it with me."

Relatives we spoke with told us they were involved in the review of their relatives care plan and felt the service had a good understanding of their relative's needs.

The staff we spoke with felt the care records were helpful and gave them the information they needed to support people. They told us people's support needs were identified through an assessment prior to people moving into the home. They told us this helped ensure people's support needs could be met at the home. After a month of living at the home, another assessment was carried out. This helped the staff establish whether they were able to continue to meet people's support needs. The care plans we looked at confirmed the service did carry out an assessment of needs. However, in the care records we looked at although the plans encompassed people's support needs there was no assessment in place for each area of need identified and no specific plan of how staff should support the person to meet their needs. Where people had specific needs such as diabetes, there was no clear instruction of how staff should manage the condition. The plans did not stipulate what people could do for themselves and where they required support.

We looked at six people's care records. At the front of each plan was an index which made it easy to find specific information quickly. There was a photograph of the person at the front of the plans with consent gained for the use of the photograph. The plans contained information on; people's life history, assessments goal setting, personal profile, risk assessments and record of falls,. The care records had covered people's individual choices and preferences; there was also a good description of their life history.

The registered manager told us care plans were reviewed monthly. In the plans we looked at reviews were not being carried out on a monthly basis consistently. In one person's care records their care plan relating to continence had been reviewed in November 2014, January 2015 and July 2015. The reviews were not always signed or dated. For example one review in January 2015 described the use of a new incontinence aid and underneath this information it stated a catheter was now in place. There was no date and no signature alongside this record. It was difficult to establish when the person's needs had changed.

This showed the service was not always monitoring whether care records were up to date and reflected people's current needs so that any necessary action could be identified at an early stage.

Risk assessments were very general and not person centred. For example, the strategy for reducing the risk of harm relating to manual handling and mobility referred to legislation, policies of the home, training in manual handling and continuous monitoring and re-assessment. The risk assessment did not contain any information on the support needs or personal preferences of the person, why they were at risk, what the risks were and what strategies staff should use to reduce the risk of falls. In one of the risk assessments we saw a review had taken place in 2005, however no further reviews had taken place until August 2015 and again in October. This meant people's needs were not being assessed appropriately or reviewed to take into account people's changing needs.

These examples demonstrate a breach in Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service was not always reviewing the needs of people who used the service. Risk assessments did not always protect the person from the risk of harm.

Activities took place on a regular basis in the home. Each month there was a different set of activities planned. For the area of the home which supported people living with dementia, one member of staff was employed to specifically carry out activities with people. The registered manager told us activities were available for anyone who wanted to take part. People we spoke with enjoyed the activities, one person told us "I really enjoy going out to the theatre and taking part in baking in the home"

Activities included bingo, art and craft, trips out to the theatre and a coffee morning in the local village hall. On the day of inspection, people took part in a game of bingo.

Requires improvement

Is the service responsive?

We looked at the complaints file and saw complaints had been handled in line with the policy of the service. The complaints policy had been reviewed. People we spoke with felt able to tell the registered manager if they were not happy with any aspect of the care they received.

Requires improvement

Is the service well-led?

Our findings

The registered manager told us they held residents meetings every couple of months and turned them into special events such as 'Bettys Tea room' and celebrating Valentine's Day. They told us they encouraged people to attend by making the meetings more attractive. We looked at the minutes from the meetings and saw only two meetings had been held in 2015. The people we spoke with confirmed they attended regular meetings and one person told us, "The meetings are an opportunity to put your spoke in and I usually do." Another person told us, "The residents meetings are a good idea and I do go now and again." In the minutes we looked at we saw the agenda covered activities, improvements to the dining room and getting a friend for the rabbit.

The people who lived at Walton Manor told us they felt the manager was very approachable and would listen to them if they had any concerns. One person told us "(registered manager) is very good, any problems and I go straight to her."

Staff confirmed they attended meetings where they could discuss issues important to them. There were different meetings held by the registered manager, one for senior care staff, one for care staff and one for night staff. The agenda for the meetings covered staffing levels, communication issues.

The registered manager carried out monthly audits which involved talking to people who used the services and staff. We looked at the results of these audits before we carried out the inspection. The audits were positive and any issues identified had been dealt with promptly. We also looked at the most recent survey of staff, residents and external health professionals. The response of professionals was that staff communicated effectively and were available to talk to them. The feedback of people who used the service confirmed they were happy with the care and support they received. Staff reported they enjoyed working as part of a team.

The home invited people from the local community to take part in activities within the home. The most recent example was an invitation to the garden party held at the home.

The staff we spoke with told us the team worked effectively together. Staff felt there was a 'family' atmosphere and they all enjoyed working at the home. Staff were aware of the whistleblowing policy and told us they would not hesitate to use the policy if they had any concerns. They felt they understood the values and vision of the home but in the most recent feedback it was reported staff did not feel the management encouraged team work. The registered manager had not explored this issue as the survey was very recent and had not had time to address the issues. The same report stated staff felt supported by the management team in an emergency such as a personal crisis but felt management could give them greater recognition for the work they did.

The registered manager was visible in the home and the people who used the service knew who the registered manager was and felt able to approach them.

The registered manager had organised an assessment of the service by an external consultant. The assessment was comprehensive and highlighted areas that required improvement. The registered manager showed us the results of the assessment and the areas they had started to address. For example, the assessment had identified there was no list of signatures of staff who were responsible for administering the medicines and we saw this was now in place.

The registered manager told us there was a lot of work to do to achieve the outcomes highlighted by the external consultant but felt it would be of great benefit for the people who used the service and the staff who worked there. This showed the registered manager had identified the shortcoming within the service and we saw the plan the service had in place to evidence the improvements.

The service carried out regular quality control audits in areas such as health and safety and fire checks. The assessment from the external consultant highlighted the need for restrictors to be fixed onto the windows. This would prevent the windows from opening to the degree it would be easy for people to climb through and put themselves at risk of harm. On the day of inspection, we saw the service had taken steps to put window restrictors in place. This meant the service had taken steps to ensure people were kept safe from the risk of harm from unsafe environment.

The registered manager showed us their complaints folder. No complaints had been made up to the time of the inspection. There were a lot of compliments about the service from relatives of people who used the service. The

Requires improvement

Is the service well-led?

home kept these compliments in a book in the reception area so people could see what was being said about the home. The home had a complaints policy and procedure in place that was up to date.

The registered manager acknowledged they had to do some more work to do to improve the way people who used the service had their rights protected. They understood they had to make significant progress in adhering to the requirements of the MCA 2005 by training staff. They told us they were committed to improving people's experience of living in the home through more detailed care plans and better risk assessments.

We had received information of concern in relation to the development of a pressure ulcer in relation to one person that had resulted in an investigation by the local safeguarding authority. The registered manager told us they were not aware this type of pressure ulcer required a notification to the Care Quality Commission.

We informed the registered manager and provider any further failure to notify us as required could lead to enforcement action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users as risk assessments were not sufficiently detailed to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People were not being protected from the risk of abuse or improper treatment because the registered manager did not have in place an effective system and process in place to investigate any allegations of abuse

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The service did not have due regard to the protection of characteristics of the service user because people living with dementia were not given the same choices as other people living in the service.